



*Customer Supply Center*

# FAX ORDER FORM

Date \_\_\_\_\_

Customer Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Ship To Address \_\_\_\_\_

Fax Number \_\_\_\_\_

\_\_\_\_\_

Optional Document Number (14 digits) \_\_\_\_\_

\_\_\_\_\_

Signature of Approving/Ordering Official (Optional) \_\_\_\_\_

## If Paying With Credit Card

## Activity Address Code

Credit Card Number \_\_\_\_\_

Activity Address Code \_\_\_\_\_

Expiration Date \_\_\_\_\_

Access Code \_\_\_\_\_

## Remarks:

Will you accept a backorder if an item is out of stock? ☐ Yes ☐ No

***Fax your order 24 hours a day!***

*(We do not place backorders for credit card purchases)*

	Item Number (last 8 digits of NSN)	Quantity	Item Description	U/I	Unit Price	Extended Price
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

**Fax to 1-800-856-7057**

***Thank you for your order!***

*(Your order will be confirmed by fax.)*

Estimated Total Cost \_\_\_\_\_

## For GSA Use Only

Store	Ticket Number	Lines	Total	Fax Back (Date/Time/Initials)